Form: PC-5
Revised 07/2011

LEVEL 3 – 90 HOUR CORRECTIONAL OFFICER TRAINING

POST USE ONLY:
Entered/Issued:
By:

TRAINING LOCATION:		NUMBER OF OFFICERS:	
TRAINING DATES: FROM:	TO:		
CERTIFICATION OF CORRECTIONS INSTRUCTOR	:		
I hereby certify to the best of my knowledge that the below I further certify that these individuals received a minimum provided by appropriate POST-certified instructors.		,	and Defensive Tactics instruction
FALSIFICATION OF INFORMATION ON THIS FORM	M MAY RESULT IN WITHDRAWAL O	OF INSTRUCTOR CERTIFICATION.	
Signature of POST Corrections Instructor	Printed Name of POST Co	orrections Instructor	
Phone Number:	Address to mail certificates to (Please type or print)	:	
List additional POST Corrections Instructors who helped d	luring this class:		

Upon completion of this course – submit completed form to POST, P.O. Box 3133, Baton Rouge, LA, 70821.

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<u>DO NOT write in the columns marked with an asterisk (*).</u> Those columns are for POST only.

* NP	(Last	NAME As It Appears on Driver's License) First Middle	* D i s t	Male/ Female (M/F)	Social Security # Driver's License #	Date of Birth	AGENCY	HIRE DATE	SCORE	* POST CERT.#

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* NP	Last	NAME (As It Appears on Driver's License) First Midd	D i s t	Male/ Female (M/F)	Social Security # Driver's License #	Date of Birth	AGENCY	HIRE DATE	SCORE	* POST CERT.#
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